OFFICIAL FILE

FORMAL COMPLAINT

LLINOIS COMMENCE COMMISSION
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280



499 5 3 37 PH 'NI

For Commission Use Only FIGE Regarding a complaint NATIONAL DISTRIBUTION (Person making the complaint) against __COMMONWEALTH EDISON (Utility name) as to overcharging, and failure to honor previous settlement agreement (Reason for complaint) in Chicago TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: My mailing address is The service address that I am complaining about is 2444 W. 16th Street, Chicago, Illinois My home telephone number is 708 1 425-4000 Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [312] 446-4866 Commonwealth Edison _(respondent) is a public utility and is subject to the provisions of (Full name of utility company) the Illinois Public Utilities Act. In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint. 220 ILCS 5/9-252, which involves complaints of a Utility charging excessive rates Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about X Yes this complaint? ____Yes Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

See attached Exhibit A.

Please clearly state what you want the Commission to do in this case.

Order the Utility to comply with the July 9, 2000 agreement, when it agreed to deduct \$22,801.00 from our balance

Complainant's signature

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, BUNN FLIGHTIO, first being duly sworn, say that I have read the above petition and know what contents of this petition are true to the best of my knowledge.

Subscribed and sworn/affirmed to before me this

Notary Public, State of Illinois

Notary Public, Illinois

NOT€:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

cc207/07